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					ATTORNEY DOCKET NO.	CONFIRMATION NO.	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		200312262	2726	
10/693,355	10/23/2003		Dan Dwyer		200312202	2.20	
TITLE OF INVENTION: MULTIMEDIA DISPLAY DEVICE							
APPLN TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	E FEE TOTAL FEE(S) DU	E DATE DUE	
nonprovisional	NO	\$1440	\$300	\$0	\$1740	01/03/2008	
EXAMI	NER	ART UNIT	CLASS-SUBCLASS	1			
KOVAL, M	ELISSA J	2862	353-015000				
Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list							
CFR 1.363).			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
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"Fee Address" indication (or "Fee Address" Indication for PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Co Number is required.							
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3. ASSIGNEE NAME AND RESIDENCE DATA Office the specified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Hewlett-Packard Development Company, L.P. Houston, Texas							
Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							
Tissue Fee  A check is enclosed.							
Publication Fee (N	to small entity discount	permitted)	The Director is hereby authorized to charge the required (eq.(s), any deficiency, or credit any overpayment, to Deposit Account Number 08-2025 (enclose an extra copy of this form).				
			overpayment, to Dep	osit Account Numb	ber U8-ZUZ5 (enclos	e an extra copy of this form).	
<ol> <li>Change in Entity Sta</li> <li>Applicant claim</li> </ol>	s SMALL ENTITY sta	tus. See 37 CFR 1.27.	b. Applicant is no lo	nger claiming SMA	ALL ENTITY status. See 37	CFR 1.27(g)(2).	
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Authorized Signature	1. U	rme		Date	10/15/0	)	
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